

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Active Engagement</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 12 / 2020</b>
Mailing Address <b>113 East Market St</b> <b>Suite 300</b>		Amount <b>45000.00</b>
City <b>Leesburg</b>	State <b>VA</b>	Zip Code <b>20176</b>
Purpose of Expenditure <b>Media Placement</b>	Category/Type	Transaction ID : <b>SE.22030</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 12 / 2020</b>
Name of Federal Candidate <b>VALENZUELA, CANDACE, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>24</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>
Calendar Year-To-Date Per Election for Office Sought <b>296773.29</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Tradewinds Consulting, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 12 / 2020</b>
Mailing Address <b>21850 Inglewood Ct.</b>		Amount <b>1275.26</b>
City <b>Ashburn</b>	State <b>VA</b>	Zip Code <b>20148</b>
Purpose of Expenditure <b>Printing / Production / Postage</b>	Category/Type	Transaction ID : <b>SE.22031</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 12 / 2020</b>
Name of Federal Candidate <b>VAN DUYNE, ELIZABETH ANN, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>24</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>
Calendar Year-To-Date Per Election for Office Sought <b>298048.55</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>46275.26</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 13 / 2020**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <b>Tradewinds Consulting, Inc.</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 21850 Inglewood Ct.		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City Ashburn	State VA	Zip Code 20148	Amount 1275.26
Purpose of Expenditure Printing / Production / Postage		Category/ Type <input type="text"/>	Transaction ID : SE.22032
Name of Federal Candidate VALENZUELA, CANDACE, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		299323.81	

Full Name of Payee		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	Amount
Purpose of Expenditure		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1275.26
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	47550.52

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 /  / 

Signature